

THE LEE COUNTY SHERIFF'S OFFICE

"Sheriff's Citizens Patrol"

Application



Complete Application and turn in to the Dispatch Office

**The Lee County Sheriff's Office
Sheriff's Citizens Patrol
Application**

Please fill out completely or the application will not be processed. If any section does not apply to you, please indicate by writing "N/A". The Lee County Sheriff's Office appreciates your interest in service and commends your spirit to volunteer.

PERSONAL INFORMATION:

Last Name	First Name	n/a	n/a	Date of Birth
Home address:	City	Zip		Place of Birth
Home Phone:	Business Phone:		Other names used:	
Previous Address(s) Last Five Years: (If more room is needed attach additional sheet)				
Email Address:				

CRIMINAL HISTORY AND DRIVING RECORD:

N.C. Drivers License Number	Has your license ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been arrested? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes to any, please explain:	
Traffic citations and accidents for the past two years:	

REFERENCES

References: DO NOT USE FAMILY MEMBERS AS REFERENCES. List three (3) individuals you have known for at least 5 years. (Please list name, complete address with zip code, and telephone number)

Name	Address	Zip Code	Phone #
1.			
2.			
3.			
4.			

EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please check highest level of education completed:

Some High School <input type="checkbox"/>	High School Diploma <input type="checkbox"/>	Some College Study <input type="checkbox"/>
College Degree <input type="checkbox"/>	Some Graduate Study <input type="checkbox"/>	Graduate Degree <input type="checkbox"/>

High School Attended:	College Attended:
Military Service Branch:	Rank:
Time Served:	Date Discharged:

EMPLOYMENT HISTORY: (Fill out completely) If retired please note "Not Applicable" for current employer

Current Employer:	Occupation:	From Date:	To Date:
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Business Address: (Including city state, and zip code)	Phone Number:
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Employment for past five years (Please include firm name, address, supervisor, dates):

1.

2.

3.

4.

Tell us a little about you...

What are your hobbies and interests?

Have you volunteered before? If so, what did you do and where?

Do you prefer an office setting or a more active role?

Please briefly state why you wish to volunteer your time to the Lee County Sheriff's Office. (Use other sheet if necessary) *This question must be answered.*

EMERGENCY INFORMATION:

In case of emergency, please notify:

Name:

Address

Relationship:

Day Phone and Night Phone

D:

N:

TERMS AND SIGNATURE

As a volunteer with the Lee County Sheriff's Office, I am willing to furnish information for use in determining my qualifications.

I understand that for security reasons a background check will be conducted and I will be fingerprinted. Further background information may be requested based on assignment.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Sheriff's Citizens Patrol program.

I understand that the Lee County Sheriff's Office will not have to disclose the reason, if any, for not being selected to the program.

In signing, I do hereby certify that all information contained in this application is correct and accurate to the best of my knowledge. I authorize the Lee County Sheriff's Office to do a background check as part of the application process. If accepted to perform volunteer duties for the Lee County Sheriff's Office, I understand I may be privy to confidential information and promise to respect and maintain that confidentiality.

Signature:

Date:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I respectfully request and authorize you to furnish the Lee County Sheriff's Office any and all information that you may have concerning me, or my reputation. This includes, but is not limited to, the following information:

Employment Record (attendance, performance, etc.)
Polygraph Examination Results
Criminal Records and Reports
Education Records
Information of a confidential nature or information considered as
Privileged and photostats of same, if requested.

I hereby direct you to release such information upon request of bearer.

This information is to be used to assist the Lee County Sheriff's Office in determining my acceptance as a "Citizens Patrol Member".

I hereby release and hold harmless from any and all future claims, the Lee County Sheriff's Office and Lee County, for any personal damages or liabilities that may result from any information received in connection with my application for the Sheriff's Citizens Patrol.

This form may be retained in your files.

<hr/>		<hr/>	
Printed Name		Signature of Applicant	
<hr/>		<hr/>	
Maiden Name		Date	
<hr/>		<hr/>	
Address		City, State	Zip Code
<hr/>		<hr/>	
Date of birth:	Sex:	Driver's license number	State
<hr/>	<hr/>	<hr/>	<hr/>

LEE COUNTY SHERIFF'S OFFICE

VOLUNTEER AGREEMENT AND WAIVER

I, _____, wish to serve as a volunteer in the Lee County Sheriff's Office Citizens Patrol program (sometimes called the "SCP"). In consideration for my participation in the SCP program, I agree as follows:

1. I understand and agree that accepting a position as a volunteer member of the SCP means that I render any action or service and expend any money or resources with charitable motives and with no express or implied promise of salary, reimbursement, compensation or payment of any kind.
2. I understand and agree that my services are rendered as a volunteer in a voluntary capacity, without any employment-type benefits (including without limitation employment insurance benefits, workers' compensation benefits and annual and sick leave accrual). I further understand and agree that there is not employment contract or other contract of hire between myself and the Lee County Sheriff's Office and that this Volunteer Agreement and Waiver does not constitute an employment contract or contract of hire.
3. I understand and agree that the Lee County Sheriff's Office will only provide certain materials, supplies or equipment needed for performance of my assigned duties. I further understand and agree that any materials, supplies or equipment provided to me for use in the SCP program remains the property of the Sheriff's Office and that I must return all such items to the Sheriff's Office when I end my participation in the program.
4. I certify that I am in physical and mental condition sufficient to perform tasks and duties which may be assigned to me.
5. I understand that there are inherent risks in performing volunteer work with a law enforcement agency such as the Lee County Sheriff's Office, and that those risks include, but are not limited to, physical injury. I assume all risks associated with my participation in the SCP program and shall be solely responsible for payment of medical expenses for injuries received during participation in the program or any other losses of any kind whatsoever. I acknowledge that volunteers may not participate in this program unless they have individual health care and medical insurance and certify that I have this coverage.
6. I agree to read and become familiar with applicable Sheriff's Office policies and procedures, and with all rules and policies of the SCP program.
7. I understand that the Sheriff's Office expects high standards of moral, ethical and professional conduct at all times during the performance of my duties as a volunteer member of the SCP. I agree to conduct myself in accordance with the Sheriff's Office's standards of conduct.
8. I hereby assume all risks involved in any and all duties to which I may be assigned as a member of the SCP.
9. In consideration of my acceptance into the SCP program, I hereby agree to release, discharge, hold harmless and indemnify Lee County, the Lee County Sheriff's Office, and their officials, officers, agents, representatives and employees from and against any and all claims, actions, suits, demands and/or liabilities of whatever kind – whether or not the basis of such liability is presently known to either party and whether such liability arises in contract, tort, by statute or otherwise and including court costs and attorneys fees – which may arise from or in any way be connected to the SCP program and/or my performance of volunteer activities in the SCP program. I understand and agree that this release and discharge specifically covers any personal injury or property damage which may be suffered by me or any member of the public or third party who claims personal injury or property damage as a result of my activities in the SCP program.
10. I understand and agree that the Lee County Sheriff's Office may terminate my participation in the SCP program at any time, for any reason or for no reason. I hereby acknowledge that I have carefully read this Volunteer Agreement and Waiver, that I fully understand its contents, that I am over the age of 18, and that I am signing this document voluntarily and intend for it to be legally binding.

Signature _____ Printed Name: _____ Date: _____

State of North Carolina, County of Lee

Signed before me on this _____ day of _____, 20____.

_____, Notary Public

My Commission Expires: _____

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